

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049280

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12337

STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

11 FEB DEC 20 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR
TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Alexian Bros. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY

OR

TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

5612 S. Magnolia

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Lena

Middle

Permillia

Last

Brawley

4. DATE

OF
DEATH

Month

Dec

Day

11

Year

1963

5. SEX

Female

6. COLOR OR RACE

Cau.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-21-05

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attendant

10b. KIND OF BUSINESS OR INDUSTRY

State Hospital

11. BIRTHPLACE (City and state or country)

Bonne Terre, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Richard W. Eaves

13b. MOTHER'S MAIDEN NAME

Mary K. Chilton

14. NAME OF HUSBAND OR WIFE

George A. Brawley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Yes

17. INFORMANT

Mr. Jack Luckett 2209 Sidney

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC ARREST

INTERVAL BETWEEN
ONSET AND DEATH

INSTANT

DUE TO (b)

ARTERIO SCLEROTIC HEART DISEASE WITH

DUE TO (c)

ACUTE CONGESTIVE FAILURE 10 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

4200

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-17-63 to 12-11-63 and last saw him alive on 12-11-63

Death occurred at 8 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. M. McLaughlin M.D.

22b. ADDRESS

812 Olive St. St. Louis

22c. DATE SIGNED

12/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-14-63

23c. NAME OF CEMETERY OR CREMATORY

Elsberry Cemetery

23d. LOCATION (City, town, or county)

Elsberry, Missouri

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin 2301 Lafayette Ave.

St. Louis, Mo. 63104

25. DATE RECD. BY LOCAL REG.

DEC 13 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.